RI SOS Filing Number: 202450125900 Date: 4/4/2024 10:06:00 AM



State of Rhode Island

Department of State - Business Services Division

REC'D RIDOS BSD 24 APR 4 M 10:87:4

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

| | RIGL <u>7-16-11</u> the undersigned has been decided as the second of the sec | | |
|---|---|--------------------|----------------------|
| 1. Entity ID Number | 2. Exact Name of the Limited Liability Company | | |
| 1694729 | AQUA MED POOLS LLC | | |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address 222 JEFFERSON BOULEVARD, SUITE 200 | | | |
| City/Town WARWICK | | State RHODE ISLAND | ^{Zip} 02888 |
| 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| LEGALINC CORPORATE SERVICES INC. | | | |
| 5. The address of the NEW resident office is: | | | |
| Street Address (NOT a P.O. Box) 450 VETERANS MEMORIAL PKWY, #301 | | | |
| City/Town EAST PROVIDENCE | | State RHODE ISLAND | ^{Zip} 02914 |
| 6. The name of the NEW resident agent is: | | | |
| ROBIN BARLOW | | | |
| 7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY | | | |
| ✓ Date received (Upon filing) | | | |
| Later effective date (Date must be no more than 90 days from the date of filing) | | | |
| Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct. | | | |
| Name of Authorized Person of the Limited Liability Company | | | Date |
| JASON BRANCO | | | 4/4/2024 |
| Signature of Authorized Person of the Limited Liability Company | | | |
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| | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILEC

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